

**Water Resources Program**  
**Request for Determination of Water Budget Neutrality**

☐ SURFACE WATER      ☒ GROUND WATER

**Section 1. APPLICANT**

Applicant/Business Name: Stan Moshier and Lori Campbell	Phone No: (206) 849-5006	Other No:
Address: 4200 E. Madison St.		
City: Seattle	State: WA	Zip: 98112
Email Address (optional): twosquarefeet@comcast.net		

Contact Name (if different from above): Traci Shallbetter	Phone No: (509) 260-0037	Other No:
Relationship to Applicant: Attorney for Trust Water Right Holder/Agent for Applicant		
Address: 3201 Airport Road		
City: Cle Elum	State: WA	Zip: 98922
Email Address (optional): traci@shallbetterlaw.com		

**Section 2. STATEMENT OF INTENT**

Briefly describe the purpose of your proposed project: \_\_\_\_\_  
The applicant proposes to construct a single family residence on the subject property and seeks to obtain a determination of water budget neutrality to enable use of 350 gpd, plus seasonal irrigation, from an exempt well that will be drilled upon the subject parcel.

Anticipated length of time to complete your project: 15+ years

For Ecology Use	APPLICATION NO: <u>64-35650</u>	SEPA: Exempt/Not Exempt
	Fee Paid: <u>6</u> Check No: <u>0</u>	ECY Coding: 001-001-WR1-0285-000011
Date Returned	By	Priority Date <u>10-22-2013</u> By <u>OK</u> WRIA <u>39 Kitt</u>



**Water Use:** List all proposed uses and the quantity required for each.

Single-family residential use (350 gpd)  
with 500 square feet of irrigation

Purpose(s) of Use	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input type="checkbox"/> Gallons per Minute (GPM)		
Indoor residential		0.392	continuous
Outdoor irrigation		0.022	seasonal
<b>TOTAL:</b>		0.414	

### Section 3. POINT OF DIVERSION OR WITHDRAWAL

Complete A or B, and C below

#### A.) If Surface Water Source

☐ Spring ☐ Creek ☐ River ☐ Lake

☐ Other: \_\_\_\_\_

Source Name: \_\_\_\_\_

Tributary to: \_\_\_\_\_

Number of proposed diversion points: \_\_\_\_\_

Do you have an existing diversion? ☐ YES ☐ NO

#### B.) If Ground Water Source

Do you have an existing well? ☐ YES ☒ NO

☐ Well(s) ☐ Other: \_\_\_\_\_

Existing well diameter & depth: \_\_\_\_\_

If available, attach Water Well Report and pump test.

Well Tag ID No. \_\_\_\_\_

Number of proposed points of withdrawal: 1

#### C.) Point of Diversion/Withdrawal – Legal Description

Parcel No.	¼	¼	Section	Township	Range	County
295835			1	21N	11E	Kittitas
Lot(s)	Block(s)		Subdivision			

If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner:

\_\_\_\_\_ Feet (☐ North/☐ South) and \_\_\_\_\_ feet (☐ East/☐ West)

from the (☐NW ☐SW ☐NE ☐SE ☐ \_\_\_\_\_) corner of Section \_\_\_\_\_.

**NOTE:** If more than one point of diversion/withdrawal, attach additional information on a separate sheet of paper.



Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

<b>Section 4. WATER SYSTEM INFORMATION</b> Complete A or B, C, D, E and F below	
<b>A.) Domestic Water Systems only</b>	<b>B.) Municipal Water Systems only</b> <i>(defined under RCW 90.03.015)</i>
Projected number of connections to be served: <u>1</u>	Present population to be served water: _____
Type of connections: <u>Single family residence</u> <i>(e.g., home, recreational cabin)</i>	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____	
<b>D.) On-Site Septic</b>	
Will there be an on-site septic system? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please provide a copy of the property covenant that restricts or prohibits trees or shrubs over the septic drain field.                      Included.	
<b>E.) Sanitary Sewer System</b>	
Will domestic wastewater be discharged to a sanitary sewer system? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
If yes, please provide a copy of the sewer utility agreement that serves the proposed project.	
<b>F.) Irrigation</b>	
<u>Total number of acres requested to be irrigated under this application = 500 sf          Acres</u>	
NOTE: Outline the area to be irrigated on your attached map.	

**LEGAL DESCRIPTION**  
**Stan Moshier and Lori Campbell**  
**Kittitas County Tax Parcel 295836**

That portion of the East Half of Section 1, Township 21 North, Range 11 East, W.M., in the County of Kittitas, State of Washington, beginning at the East Quarter corner of Section 1, thence North 00°43'25" East 490 feet; thence North 83°51'27" West, 808.11 feet to the True Point of Beginning; thence North 40°38'43" West, 121.67 feet; thence North 72°57'30" West, 141.40 feet; thence North 84°22'27" West, 67.0 feet; thence South 33°58'16" West, 678.84 feet; thence South 47°09'49" East, 299.43; thence South 15°42'49" East, 230.80 feet; thence South 00°07'49" East, 60.33 feet; thence North 17°55'04" East, 484.68 feet; thence South 64°45'33" East, 570.94 feet; thence North 39°15'27" West, 414.62 feet; thence North 22°27'26" West, 414.58 feet to the true point of beginning.




## Section 7. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my request, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though employees of the Department of Ecology may have assisted me in the preparing this application, I am fully responsible for the accuracy of the information provided.

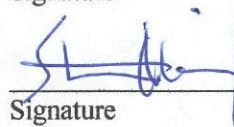
TRACI SHALLBETTER, Esq.

Print Name  
(Applicant or authorized representative)

  
Signature

10/20/2013  
Date

Stan Moshier, Lori Campbell  
Print Name  
(Land Owner, if seeking to use the ground water exemption)

  
Signature

10-7-2013  
Date

→ Stan Moshier and Lori Campbell

Submit this form to:

DEPARTMENT OF ECOLOGY  
WATER RESOURCES PROGRAM  
CENTRAL REGIONAL OFFICE  
15 W. YAKIMA AVE, SUITE 200  
YAKIMA, WA 98902-3452

Attachments:

Legal Description

Parcel Info

Vicinity Map

Restrictive Covenant

Mitigation Contract with SwiftWater Ranch